

SFA/School District: \_\_\_\_\_

LEA #: \_\_\_\_\_

# Child Nutrition Contact Information and Appeals Hearing Attestation Statement

(Must be attached to Policy Statement unless the entire SFA is Provision 2 non-base year or Community Eligibility Provision– non pricing situations)

|   |   |
|---|---|
| <p><b>Determining Official(s)*</b> – How many Determining Officials approve meal applications in the district? _____</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p> <p>* List additional on back of page</p> | <p><b>Verifying Official</b></p> <p>Name _____</p> <p>Name _____</p> <p>Location of approved applications during the school year<br/>(Superintendent's office, CN Directors office, etc.) _____</p> |
| <p><b>Confirming Official</b> – <b>CANNOT</b> be the same person as the Determining Official and/or Hearing Official</p> <p>Name _____</p> <p>Name _____</p>  | <p><b>Hearing Official</b> – <b>CANNOT</b> be the same person as the Determining Official</p> <p>Name _____</p> <p>Position _____</p>   |

By signing the Child Nutrition Contact Information and Hearing Attestation Page, the School Food Authority is attesting the people listed above will perform the responsibilities of the positions assigned as described in the Original Policy Statement of 2015-16 School Year and in the *Eligibility Manual for School Meals*.

Additionally, the School Food Authority agrees to follow federal and state requirements necessary when a household files an appeal or asks for a formal hearing regarding student's free and reduced price meal eligibility determination or results of verification activities.

For further guidance regarding hearing appeals, please contact your school district's Area Specialist.

\_\_\_\_\_  
District Superintendent

\_\_\_\_\_  
District Child Nutrition Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date